

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000008127

1. Entity Name
DUNN AVENUE DEVELOPMENT, INC.



Principal Place of Business
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

Mailing Address
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0028653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, E CHESTER JR
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME STOKES, E CHESTER JR
STREET ADDRESS 4315 PABLO OAKS COURT STE 1
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE DV
NAME PUTNAL, JAMES E
STREET ADDRESS 4315 PABLO OAKS COURT STE 1
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V
NAME BRAREN, MICHAEL E
STREET ADDRESS 4315 PABLO OAKS CT STE 1
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VT
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 4315 PABLO OAKS CT STE 1
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S
NAME HICE, SHERRY
STREET ADDRESS 4315 PABLO OAKS CT ST
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000133263
04/27/04-80080-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 (904) 591-2695